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ABSTRACT

Cartoon research includes the areas of experimental designs carried out in school classroom environments to determine the effects of cartoon viewing on children's behavior and the medical utilization of cartoons as part of an overall treatment program. This study differs from previous research by accepting the reality of cartoon viewing and attempting to use it in a therapeutic manner. Children choose a cartoon helper, one best suited to his or her situation. The therapist then places the selected cartoon character in a clearly defined therapeutic framework by giving it, in conjunction with the child, a specific role in relation to resolving the problem area. The method involves cartoon pretend techniques which combine the elements of identifying the problem, selecting a cartoon helper, and creating a solution with the cartoon helper. Variations include story telling and artistic metaphors. As the child narrows and fixates his attention on his own internal imaginative activities, he may experience both a dissociation from his problem and an array of positive visual and auditory hallucinations involving his cartoon character. During this time, the therapist can use indirect suggestions with the child. Future research needs to determine the scope and reliability of cartoon therapy. (Two case examples illustrating the two methods are included, along with a three-page list of references.) (ABL)

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28th Annual Scientific Meeting Program
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CARTOON HYPNOTHERAPY: An Innovative Treatment Approach For Childhood Emotional Disturbances

Abstract

Cartoons and cartoon characters provide a well-established and potent vehicle for engaging the child's personal symbolism in the process of problem resolution. The revivification of a favorite cartoon character in the therapy setting can be used for two simultaneous purposes: (1) the naturalistic induction of a therapeutic trance state vis a vis the absorption and dissociation that occurs as the child retrieves memories of the cartoon character; and (2) as a graphic means of activating the child's unconscious resources and directing them toward problem resolution. Two techniques and exemplary case material illustrating individual and clinical applications of cartoon therapy are presented.

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TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Cartoons have become a controversial issue in the last decade. Debate and research over the effects of "aggressive" or "violent" aspects in cartoons continues without conclusive findings in either direction. Before describing the use of therapeutic techniques that utilize cartoon characters on an individual level, an overview of the research is provided.

Research

Cartoon research involves two primary areas: experimental designs carried out in school classroom environments to determine the effects of various aspects of cartoon viewing on children's behavior; and the medical or clinical utilization of cartoons as part of an overall treatment program (Crowley & Mills, 1984a, b, c; Mills & Crowley, 1983, 1986a, b; NIMH, 1982).

The first type of research has produced conflicting results. Some investigators (Ellis & Sekyra, 1972) have found a correlation between the viewing of aggressive-type cartoons by grade school children and a following increase in aggressive or fearful behavior on the playground, while others have found no such correlation (Hapkiewicz & Roden, 1971; Hapkiewicz & Stone, 1974). In the medical-clinical arena, cartoons have been reported as a successful means of reducing pain in young burn victims (Kelley, Jarvie, Middlebrook, McNeer, & Drabman, 1984); as an effective behavioral conditioner in reducing acting out behavior (Greelis & Kazaoka, 1979) and thumbsucking behavior (Bishop & Stumphauzer, 1973); and as a "positive social

influence (Brody, 1976).

None of the studies reported techniques similar to those we are describing. It is important to stress that the point of our presentation is not to discuss inherent "good" or "bad" aspects of cartoons, but to present the thesis that cartoons are a fait accompli in most children's lives -- a weekly if not daily reality that can be utilized in a positive and therapeutic manner. In our approach, the child always chooses the cartoon helper, which means that the child (or the child's "unconscious mind") is determining the metaphor best suited to his or her situation. Children will invariably select the cartoon character whose specific strengths and abilities are the ones most needed in their lives. The therapist then places the selected cartoon character in a clearly defined therapeutic framework by giving it, in conjunction with the child, a specific role in relation to resolving the problem area.

Methodology

We have developed a paradigmatic model of "Cartoon Pretend Techniques" which combines three basic elements:

-identifying the problem;

-selecting the cartoon helper;

-creating a solution with the cartoon helper

with two variations:

-Storytelling Metaphors

-Artistic Metaphors.

The mental and emotional concentration evoked by the Cartoon Pretend Techniques functions as a naturalistic stimulus for the "common everyday trance" (Erickson & Rossi, 1979; Erickson, Rossi, & Rossi, 1976) in which the child spontaneously narrows and fixates his attention on his own internal imaginative activities. In this natural trance state the child may then experience a comforting dissociation from his problem, an entertaining array of positive visual and auditory hallucinations (involving his cartoon characters), and other hypnotic phenomena such as time distortion, age regression, age progression, and ideomotor/ideosensory responses. The therapist can utilize a wide range of indirect suggestions during this time, which are usually more readily accepted by the child than direct suggestion.*

"Three Solutions from the Cartoon Helper"

In the first variation, "Three Solutions from the Cartoon Helper," the child is asked to:

1) select the cartoon helper whom he/she knows can resolve the problem;

2) imagine the cartoon helper visually or auditorially communicating three ways to solve the problem;

3) select one of the three solutions;

4) see herself/himself applying the best solution to the problem area.

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*See Chapter 2 of Erickson and Rossi, 1979, for a comprehensive presentation of the indirect forms of suggestion.

Case Example

Tommy was a nine-year-old boy from a single-parent home. The father had abandoned the family when Tommy was four years old. Tommy had manifested behavioral problems periodically for many years. Currently, these problems had exacerbated to an alarming level. Serious acting out behavior and peer conflicts had caused Tommy's mother to seek professional help. His teacher had reported repeated disruptions during classroom assignments, including getting up and walking around at will, and angry outbursts whenever he was asked to do something. Most severe was the rejection he was experiencing from his classmates on the playground. No one wanted to play with Tommy because he was extremely uncooperative and always insisted on having his own way. In addition, he would throw tantrums on the playground so that classmates literally ran away from him. Tommy's perception of his problem, however, was that "the kids pick on me and nobody likes me."

In working with Tommy's mother, various interventions were attempted. A strict behavioral approach of reconditioning based on a system of rewards and punishment was instigated and carried out at home by the mother and babysitter, and at school by the teacher. Positive results surfaced initially from this method but were not long-lasting. Tommy lapsed back into his customary response patterns whenever the kids at school provoked him in any way. Various other approaches, including traditional family therapy strategies, had been applied.

During the course of this particular session, Tommy continued to complain about the kids picking on him. We had been working with this new concept of utilizing cartoon characters as an ancillary treatment technique in working with children. We had found that most children invariably had a favorite cartoon character who could act as a reflection of the child's unconscious resources to help resolve the problem.

Tommy was asked, "Do you have a favorite cartoon character or cartoon show?"

After thinking for a few seconds he answered enthusiastically, "Dungeons and Dragons!"

He was then asked to describe what he liked best about the characters. Tommy spoke about an episode in which Eric was turned into a bog monster, which was a very ugly creature who lived in the foreign land where Eric and his companions were lost. Although his friends wanted to return home, they gave up their chance to escape in order to help Eric through his crisis.

Tommy responded to these characters as being "different," as having special abilities, and as each being helpful to one another when there was a problem. As Tommy spoke, his entire demeanor changed perceptibly. His face "lit up" with a vivacious quality as he jumped from one episode to another in a rapid and random description of events. His intense absorption as he described the cartoon vignettes suggested the spontaneous onset of a light trance state. In order to utilize this

natural moment of inner focus and receptivity (Erickson and Rossi, 1979), Tommy was asked to close his eyes and nod when he was able to "see" his favorite Dungeons and Dragons characters in his imagination. He was then asked to have those characters whisper into his ear three ways to help him get along better with his classmates. He was further instructed to take his time, and to nod his head once he had received the three better choices. After a few minutes Tommy nodded his head, opened his eyes wide, and with a smile said, "Yeah, I got 'em!" (referring to the three better ways).

Next Tommy was told to close his eyes again and to "pick the best of those three solutions that you know can help you get along better with your classmates. Nod your head when you are ready."

Tommy paused for half a minute or so. After he nodded his head, he was then asked to imagine seeing himself at school using that new solution from his cartoon friends: "Use that solution, Tommy, that you know can help you with those problems you've been having at school. And your eyes will open only after you have experienced that solution in way that is comfortable for you."

When Tommy opened his eyes, there was a noticeable change in his expression. His face was relaxed and his eyes sparkled with his apparent delight in his own imagination. Even the tonal quality of his voice was stronger and deeper. Since Tommy

did not volunteer to tell us about his inner experience or what solution he had created, we regarded his silence as a signal from his unconscious to direct attention to other areas rather than attempting to interpret or analyze what had transpired.

Follow-up. Tommy was seen every other week for a period of nine months. This particular session, however, seemed to mark a turning point for Tommy. For some reason known only to him, the cartoon tool possessed an effective staying power in his imagination. He now reached a new plateau and was able to maintain it. His overall affect had improved and his behavior in school was adjusting toward a positive course. In subsequent sessions, Tommy would spontaneously ask to have a "cartoon time," which we would vary by incorporating it within artistic and storytelling metaphors.

"Drawing It All Better"

The second variation, "Drawing It All Better," is based upon our development of the Artistic Metaphor,* which is a multi-sensory therapeutic intervention designed to dissociate the child from the problem and activate unconscious healing abilities. In this approach the child is asked to:

1) draw a picture of how the pain/problem looks or sounds;

2) draw a picture of a favoriate cartoon character which can help the pain/problem feel better;

3) draw a picture of how the pain/problem looks or sounds when it is "all better."

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* The Artistic Metaphor is presented in detail in Mills and Crowley, 1986b.

Case Example

Eight-year-old Suzie was hospitalized for tests because she was experiencing severe chest pains. Her mother requested our help in dealing with both the physical and emotional aspects of this frightening situation for her daughter. With her mother present in the room, Suzie was asked to draw a picture of what her pain "looked or sounded like" (Drawing 1). She was then asked to draw a picture of her favorite cartoon character. This brought an immediate change in facial expression as she blurted out eagerly, "Wonder Woman!" (Drawing 2). Upon completing her drawing of Wonder Woman, Suzie was then asked to draw how her pain would look "all better," after Wonder Woman had helped her to fix it (Drawing 3).

As a way of extending this therapeutic experience for Suzie, we then asked her to gaze out the window and imagine herself playing with Wonder Woman, laughing and having fun, feeling very strong and healthy. We told a brief, playful story about the "very special antics of Suzie's day with Wonder Woman." By the time we finished the story, Suzie was sleeping peacefully.

Later that day Suzie became frightened about spending the night alone in the hospital. Remembering our previous story, her mother made up another one using Wonder Woman as the main character. Suzie again returned to a relaxed state and was able to sleep through the night.

During her week-long hospital stay, Suzie was able to eliminate her pain medication by using this technique alone

(she loved to draw and make up stories), or with the help of her mother, who was delighted to be able to help her daughter in such a concrete manner.

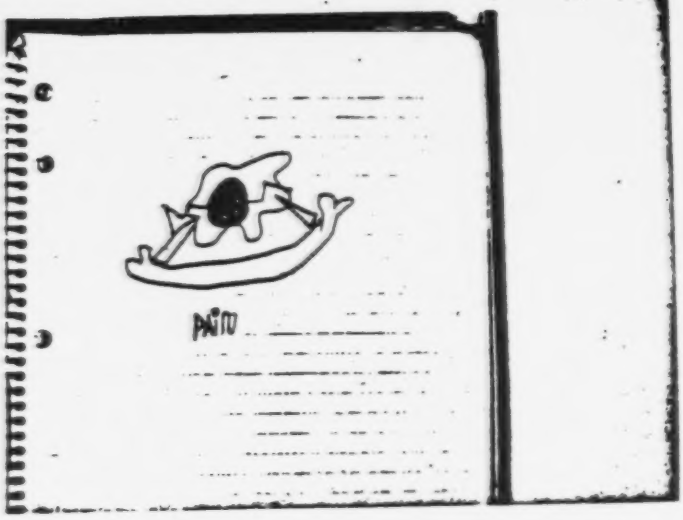
Although Suzie's pain was diagnosed eventually as being psychogenic in origin, we have found that this technique can be equally effective on pain caused by organic dysfunctions. The nature and source of the pain seem to be secondary in importance to the child's subjective experience of it -- which is why most pain can be reduced with a technique that engages another, commensurately positive and powerful subjective experience.

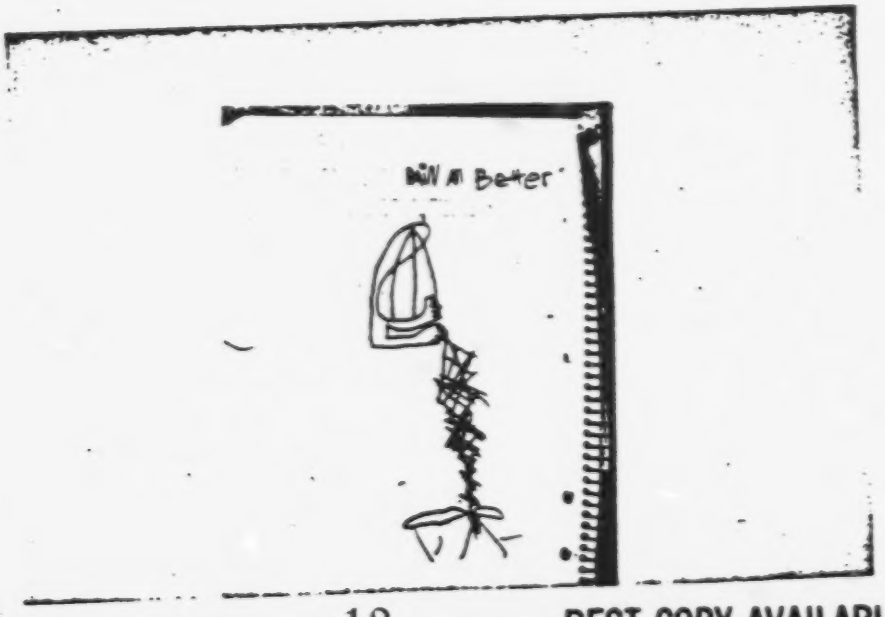
Summary and Conclusions

The use of metaphor as a therapeutic agent can be appied effectively in both clinical and medical settings. The selected cartoon character acts as a vivid and graphic metaphor or symbol of the child's unconscious strengths and abilities. Through the cartoon character, solutions are created and rehearsed by the children themselves, rather than being conceived and imposed by the therapist.

Future research is needed to determine the scope and reliability of cartoon therapy -- the therapeutic use of cartoons -- across a significant population of children. Another fascinating area of exploration and research is that of the societal application of metaphorical cartoon theray, which we are currently investigating in the area of child abuse (Crowley & Mills, 1986).

APPENDIX 'A'





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*See also, Mills and Crowley.

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